

Patient Centered Medical Home Stakeholder Council  
Meeting Minutes  
May 21, 2014  
CSI Conference Room, Helena, and by phone

**Members present**

**Dr. Jonathan Griffin**, Chair, St. Peter's Hospital  
**Carla Cobb**, RiverStone Health  
**Dr. Monica Berner**, Vice-Chair, Blue Cross Blue Shield Montana  
**Mary Noel**, Medicaid Division, Department of Public Health & Human Services  
**Todd Harwell**, Public Health and Safety Division, Department of Public Health & Human Services  
**Sen. Mary Caferro**, State of Montana (Ad Hoc Member)  
**Dr. Jeffrey Zavala**, St. Vincent's Hospital  
**Dr. Joe Sofianek**, Bozeman Deaconess Health Group  
**Dr. Janice Gomersall**, Community Physicians Group, Mountain View Family Medicine and Obstetrics  
**Dr. Jay Larson**, South Hills Internal Medicine  
**Todd Lovshin**, PacificSource Health Plans  
**Dr. Thomas H. Roberts**, Montana Health Co-op

**Members absent**

**Dr. Larry Severa**, Billings Clinic  
**Richard Oppen**, MT Department of Public Health and Human Services (Ad Hoc Member)  
**S. Kevin Howlett**, Tribal Health and Human Services, Confederated Salish & Kootenai Tribes  
**Lisa Wilson**, Montana Family Link  
**Paula Block**, Montana Primary Care Association  
**Rep. Ron Ehli**, State of Montana (Ad Hoc Member)

**Interested Parties**

**Patrick Van Wyk**, Psychological Resident at St Peter's Hospital  
**Kim Van Wyk**, Mountain-Pacific Quality Health  
**Dr. Gary Mihelish**, NAMI Patient Advocate  
**Janice Mackensen**, Mountain-Pacific Quality Health  
**Dr. Jonathan Weisul**, Allegiance Benefit Plan Management  
**Jody Haines**, Providence Health System  
**Dr. Rob Stenger**, St. Patrick's Hospital, Grant Creek Family Practice  
**Bill Warden**, Lobbyist for St. Peter's, Benefis and Bozeman Deaconess Hospitals  
**Mike Foster**, Regional Director of Advocacy, St. Vincent Healthcare/Montana Catholic Hospitals  
**Lara Shadwick**, American Cancer Society  
**Brad Putnam**, HealthShare Montana  
**Rebecca Richards**, PLUK  
**Aidan Myhre**, Pfizer  
**Tawnie Sabin**, Frontier Medicine Better Health Improvement Program  
**Rhonda Tallman**, North Valley Hospital  
**Kelly Gallipeau**, Kalispell Regional Medical Center  
**Marti Wangen**, MT Psychological Association  
**Dr. Michele McKinnie**, psychologist and president of the MT Psychological Association

**Dr. Jennifer Robohm**, Director of the Clinical Psychology Center at the UM Dept. of Psychology  
**Dr. Duncan Campbell**, Associate Professor of Clinical Psychology at UM  
**Dr. Karen Kietzman**, psychologist in private practice, APA Public Education Campaign

CSI Staff Present

Amanda Roccabruna Eby– Minutes recorder  
Christina Goe  
Emily Samhammer

Welcome, introductions, agenda review, announcements, minutes approval

After review and approval of the agenda, the minutes from the April meeting were discussed briefly. Council members asked to see the minutes posted online or emailed further in advance before the meeting. By mistake, CSI had only sent the draft minutes to those who were in attendance at the April meeting and not all the council members received them. Amanda said she would make sure all council members are emailed the minutes the week before the meeting from now on. However, draft minutes cannot be posted online; they can only go online after they've been voted on. Carla Cobb moved and Mary Noel seconded a motion to approve the minutes. Minutes were approved unanimously.

Amanda and Dr. Griffin gave the council a review of the accomplishments in implementing the Montana PCMH Act so far: the commissioner approved the accrediting agencies for the program, the commissioner qualified practices, the council selected and agreed on measures for evaluation of practices, and an application was developed. Dr. Griffin commented that it is important for stakeholders to think about where we've been and where we want to go in development of the work plan. CSI explained that administrative rule requires practices and payers to submit the first report to CSI in March of 2015. CSI will have to consult with the council on how to use the information from practices and payers to develop the report due to the legislature in September 2016. Amanda explained a social media campaign is drafting to be part of the work plan and fulfill part of the education and promotion of the program requirement.

Update on draft rules for clinical quality measures and accompanying guidance

CSI staff reported that the Payer Subcommittee did not meet in May because CSI staff was still working on a proposal for the subcommittee to consider based on the information they reviewed from other states. CSI staff recognized the perception that the rules are about putting requirements on providers and not payers. CSI proceeded with proposing rules for providers because they would have been delayed too much if they waited for a recommendation on requirements for payers. CSI explained the rule's relation to the report. The report referenced in the rule is not the report in due in March 2015. The report due in March 2015 will include more information than the four measures the council agreed on. However, it will still be information that is already being reported to NCQA and others.

Several providers reacted to the proposed rule with concerns. They wanted to know what the information would be used for and if it would cause a bunch of costs to be inferred. They claimed the purpose of the rule was not well defined. Providers advised that as CSI and the council proceed with any rule, it has to reflect good purposes. It was mentioned that the hospitals have a lot of requirements put on them and they feel that the requirements can be quite onerous.

CSI responded that in the March 2015 report they will look at what practices are already reporting. CSI explained that data on the four measures going in rule is needed in 2014 to set a baseline for data that can be compared to what is collected from the March 2015 required report. CSI emphasized that the Quality Measures Subcommittee worked hard to align these measures with the reporting requirements providers are already doing. CSI needs to capture what is already being reported to other entities. The Montana Department of Public Health is trying to monitor how PCMHs are improving care.

A physician expressed appreciation for the desire to align measures. The measures make a lot of sense to him and are a great starting point. He related that even though these measures are things providers are already tracking and reporting on, it still isn't easy to report them again to another entity. There were comments that although providers are already reporting on something, it's not true that they can send the same report easily. He said the goal of increasing quality of care is looking administratively burdensome. Another hospital representative commented that the tobacco measure is not the same as BCBS's measure for tobacco. Several providers in attendance agreed that even if measures are aligned, it is still administratively burdensome to create additional reports to additional entities. Many attendees asked what the point or benefit was to them of reporting on these measures.

Dr. Griffin responded that these complaints are why the council needs to revisit goals and develop a work plan. The council needs a strategic plan with structure, definitions, direction, and clarity on the direction and purpose of the Montana PCMH Program. Dr. Griffin explained the work plan can be developed with the council's input. He said the council needs to know and be in agreement on why measure reporting is necessary. Dr. Monica Berner said a lot of the detail asked in the rule guidance has to be manually pulled and it is very onerous on the practices. It is far more in depth than what BCBS requires of PCMHs, she said.

CSI responded that the guidance, not the proposed rule includes the detail that some see as complicated. CSI reminded the council that neither the rule or guidance document is final yet. CSI reminded the council that the rule was scheduled to be final in June.

CSI reported that the Quality Measures Subcommittee needs to meet again to review the guidance. CSI staff reminded that the providers who commented on the rule and guidance need to call into that meeting and join the conversation about gathering the data. CSI suggested BCBS and the providers and their IT staff talk with each other about how to make the reporting work so it is not burdensome. CSI said the subcommittee needs to meet about the guidance before the rule hearing on June 12<sup>th</sup>. CSI reminded the council that the comment period ends three days after the hearing and that the guidance

can be adjusted as needed. CSI said that rules won't need to be changed to adjust to any changes in the guidance document. CSI said it wants to make sure the guidance is working for everybody.

#### Update on PCMH program application

CSI updated the council on the PCMH program application. Amanda Eby's report included a reminder that when practices were qualified and provisionally qualified this year, they were notified in their letter from Commissioner Lindeen that they would be required to submit additional information to CSI later in 2014. Amanda explained that the preliminary application practices completed in December 2013 was intended to bring practices who were already PCMHs into compliance with the law and get "letters of intent" from those that planned to become a PCMH in 2014. Amanda said that more information is needed from practices to explain how they are transforming their delivery of care. She explained that the formal application requesting this information is under its final review process now. CSI said they consulted with BCBS provider relations staff, a NCQA certified content expert, and a physician from a NCQA PCMH recognized practice to finish the application the council began last fall. Amanda said that CSI and those they consulted with aimed to make the application as easy for practices to fill out as possible. She said CSI is on track to distribute the application to practices on May 30<sup>th</sup>.

#### Update on NASHP grant – report on April site visit and upcoming TA opportunities

Agenda item skipped due to being short on time.

#### [Presentation by Dr. Patrick Van Wyk on St. Peter's Medical Group's behavioral health integration as part of PCMH practice transformation](#)

Many attendees were surprised and asked questions about the impressive health improvements that patients reaped from even very short visits with behavioral health specialists in the primary care setting.

#### Public Comment

None

#### Potential topics for future meetings

The next meeting will be on June 16<sup>th</sup> and will focus on the work plan. CSI will distribute a draft for council members to review in advance of the meeting.

Meeting adjourned at 3:00pm